



COMMONWEALTH OF MASSACHUSETTS

CHANGE TO EXISTING GARNISHMENT ORDER FORM

To make a change to an existing garnishment, complete the form below, attach a copy of the legal documentation that authorizes the change, and send it to:

Office of the Comptroller
Payroll Garnishment Unit
1 Ashburton Place, 9th Floor
Boston, MA 02108
Fax: (617) 727-2163

Employee ID: _____ Employee Name: _____

Garnish ID: _____ Garnishment Amount: _____

Garnishment Payee: _____

Change Type: (please indicate what type of change to be made)

Status Change ☐ (Completed, Suspended)

Amount/Percent Change ☐

Change of Status Request Submitted By:

Name: _____ Phone: _____

Dept: _____ Date: _____

Once completed, send this form with a copy of the legal documentation authorizing this change, to:

For Comptroller Use Only

Date Change Request Received: _____

Date Change was Entered into HR/CMS: _____

Name of Person Entering Change: _____